

EDI Advisory

07/31/00

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Amendments to the EDI Advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions**, of the Nebraska Workers' Compensation Court are effective July 31, 2000. The advisory has been amended to provide information regarding exceptions:

Phone Numbers Not Mandatory

The Nebraska Workers' Compensation Court does **NOT** consider telephone numbers to be mandatory information for its First Report of Alleged Occupational Injury or Illness (Form 1). This includes telephone numbers for the following entities:

- **Employer**
- **Claim administrator** (includes insurer, third party administrator, risk management pool, self-insurer)
- **Employee**

Please disregard any references to phone numbers in the **Filing Compliance Information & Definitions** pamphlet that are in bold text on the back of the Form 1 or on page 4. Also, strike employee phone number on page 1 of the pamphlet.

Select this link to download the court's EDI Advisory: First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions.

EDI Advisory

07/01/00

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

Amendments to the EDI Advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions**, of the Nebraska Workers' Compensation Court are effective July 1, 2000. The advisory has been amended to provide information regarding exceptions:

Carrier/Claim Administrator Claim Number

- **"*Carrier/claim administrator claim # - . . ." is amended to a mandatory field and reads as follows:**
"*Carrier/claim administrator claim # - Identifies a specific claim within a claim administrator's claims processing system."

Asterisk items in boldfaced type are mandatory and must be completed or the form will be returned.

The Nebraska Workers' Compensation Court is asking for voluntary participation in adding the Carrier/Claim Administrator Claim Number to all paper forms submitted.

The Claim Administrator Claim Number is a data element that is used to identify a specific claim. NWCC uses this data element to match all transactions - corrections, changes, and subsequent reporting (compensation and expense reports). Trading partners may write the Carrier/Claim Administrator Claim Number in the upper right hand corner of the Form 4 - Compensation and Expense Report.

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EDI Advisory

05/16/00

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Amendments to the EDI Advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions**, of the Nebraska Workers' Compensation Court are effective May 16, 2000. The advisory has been amended to provide information regarding exceptions:

Transmission Profile - Receiver's Specifications (form)

Direct Connect Available: The "Direct Connect Available" option has been removed from the Transmission Profile - Receiver's Specifications form.

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EDI Advisory

04/10/00

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Amendments to the EDI advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions, of the Nebraska Workers' Compensation Court** are effective April 10, 2000. The advisory has been amended to provide information regarding exceptions:

Content of Names

Business, Employer, Insured Name or Third Party Administrator: The name of the entity as it appears on the Federal Employer's Identification Number.

Insurance Carrier: The name of the entity as it appears on the Nebraska License and matches the name that appears on the Federal Employer's Identification Number. If the employer has been approved to self insure in Nebraska, this field must include the name of the company as it appears on the self insurance certificate and match the Federal Employer's Identification Number.

- The data element should not include any special characters: @ / * {])
- Use employer's name as it appears on the Federal Employers Identification Number.
- No numeric values in the name fields unless it appears in the FEIN (3M Company, 2K Outdoor Living Inc, 16th Street Motors, etc.)
- No punctuation except for dashes (-) or ampersands (&).
- May use general business abbreviations: Incorporated = INC, Corporation = CORP, Company = CO.
- Include all names used by the company including "doing business as" (dba), transmitting only the employer name, not the person's name in this field.
- No department, agency or branch identification should accompany the name.

Occupation Description: This field is conditional upon availability of the information. If the employees occupational description is available then this field is mandatory and must be transmitted.

Nature, Part, & Cause Codes: The codes used are those of the IAIABC (ASWG edited) published in the IAIABC Release I standards guide.

EDI Event Table: The event table was designed from the IAIABC standard model. It relates EDI information to events and under what circumstances they are to be initiated and reported to the Nebraska Workers' Compensation Court. The event table also identifies which Maintenance Type Codes the court requires. It is being amended with more additional information as follows:

NWCC Reportable Injuries and Related Maintenance Type Codes

Any first report of injury a claims administrator gains knowledge of must be sent electronically to the NWCC to include medical only first reports (see additional information below), any lost time, or any indemnity.

Addendum to Event Table

The Addendum to the Event Table has been amended. Please refer to the addendum in the Nebraska Workers' Compensation Court **EDI Implementation Guide**.

Medical Only First Reports

As a general rule, it is the court's position that a first report of injury must be filed for any work related injury which generates a bill from a medical provider. Section 48-144.01 of the Nebraska Workers' Compensation Act discusses first aid treatment "such as onetime treatment and subsequent observation of minor scratches, cuts, burns, and splinters which do not ordinarily require medical care even though provided by a physician or registered professional personnel."

Further, and even more importantly, a non-self insured employer is not permitted to directly pay for medical treatment required under the Nebraska Workers' Compensation Act. This would, in essence, be an attempt by the employer to self insure its liability for such treatment without first being approved by the court for self insurance as required in the Act and rules of the court. In addition, the Nebraska legislature has addressed the issue of payment for small medical claims, and specifically determined that payment must be made by the insurer rather than the employer. This is included in 48-146.03 which provides for a medical deductible option for workers' compensation insurance policies. That section first establishes such a deductible, but then states that the insurer shall pay the entire cost of medical benefits for each claim irrespective of the deductible provision. The insurer is then reimbursed by the employer for any deductible amounts paid by the insurer.

In summary, we believe that treatment which generates a bill from a medical provider will, with only rare exceptions, be medical treatment rather than first aid treatment as those terms are defined in section 48-144.01, and that a non-self insured employer is not permitted to directly pay for medical treatment under the Nebraska Workers' Compensation Act. Rather, bills for medical treatment must be submitted to the insurer for payment.

Reference: Statute 48-144.01

Edit Matrix Error

Element # 064 - Number of days worked should have an "X" marked under error message 018 - number of days worked must be 0-7 and **not** under 029 - must be valid date (CCYYMMDD).

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02/10/00

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Amendments to the EDI Advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions**, of the Nebraska Workers' Compensation Court are effective February 10, 2000. The advisory has been amended to provide information regarding exceptions:

Amendment to Page 4: (Employee Phone Number)

- **"*Address, *City, *State, *Zip Code and *Phone - . . ." is amended to read: "*Address, *City, *State, *Zip Code - The complete mailing address used the injured worker at the time of injury. Mailing address must include the street address, city, state and zip code."**

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EDI Advisory

01/13/00

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Amendments to the EDI Advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions**, of the Nebraska Workers' Compensation Court are effective January 1, 2000. The advisory has been amended to provide information regarding exceptions to three mandatory fields.

Additions and Amendments to Page 1:

- **Addition:** "Mandatory Fields: The Court requires the carrier to provide the mandatory fields when filing on paper or when filing electronically on every First Report of Alleged Occupational Injury and Illness (FROI) filed with the Court. The Court will not process reports without the mandatory fields/data elements properly filled out and must pass all data information edits applied."
- **Addition:** "Conditional Data Elements: The information is normally optional, but becomes mandatory under conditions established by the Nebraska Workers' Compensation Court, e.g. If the injury resulted in a fatality then the date of death becomes mandatory. The data information must pass all edits applied. See the element requirements table and addendums for the specific conditions."
- **Addition:** "Optional: The data field/data element may not be sent if it is not available. If it is available it should be sent and edits will be applied, but unsuccessful edits do not cause paper reports to be returned or electronic reports filed to be rejected."
- "Administrator's FEIN, Name, Address, City State" **is amended to read:** "Administrator's FEIN, Name, Address, City State (see page 3)"
- "Carrier/Claim Administrator Claim #" **is amended to read:** "Carrier/Claim Administrator Claim # (see page 3)"

Amendments to Page 3:

- "**Admin. FEIN - . . ." **is amended to read:** "**Admin. FEIN - Is mandatory if Claim Administrator Name is present. The Federal Employer's Identification Number is a nine-digit number used to report federal withholding and FICA taxes and is reported. If the claim is being administrated by a Third Party Administrator, use the FEIN number of the third party administrator."
- "Claim Administrator (name, address, and phone) - . . ." **is amended to read:** "**Claim Administrator (name, address, and phone) - Mandatory unless Claim Administrator name and address is the same as the Insurance Carrier name and address in which case it becomes optional. This is the mailing address and phone number of the claim administrator's processing facility, third party administrator, risk management or self insured responsible for administrating this claim."
- "**Carrier/claim administrator claim # - . . ." **is amended to read:** "**Carrier/claim administrator claim # - Mandatory unless business entity is Self Insured. Also mandatory if Self Insured uses a claim servicing company or third party administrator. This information is optional if the business entity is Self Insured Self Administered but it is very useful. If it is available please provide it."

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